FOR STATE HEALTH DEPT.

TO DEPUTY MET. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to e funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

E (5) VR ALSME 5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-					AL VILLE
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived, If Institut	tion: Residence before admission)
	Somerset	MARYLANI	Mai	ryland	Somerset
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) Cristield	c. LENGTH OF STAY IN		f outside corporete limits, write i	RURAL and give nearest town)
		Lifetime		isfield	19-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not In h		. 1		e. IS RESIDENCE ON A FARM?
	DOA McCready Hospi		_ 11	rton Road	YES NO
3.	NAME OF First DECEASED (Type or print) GROVER	Middle CLEVELAND	ADAMS, JR.	4. DATE Month OF DEATH Dec.	Dey Year 24 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFU last birthdey) Mor	NDED 1 YEAR HELINDER 24 HOR
	ale Whi te WIDOWED	DIVORCED T	Jan. 28, 19	922 45 yrs.	nths Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b, King most of working life, even if retired)	IND OF BUSINESS OR			12. CITIZEN OF WHAT COUNTRY?
	Clerical Pos	t Office & R	etail Cris	sfield, Maryland	U.S.A.
13.	FATHER'S NAME	_	14. MOTHER'S MAIL	DEN NAME	
	Grover C. Adams,			Marie Bethard	
15. (Yes	L NO. Of UNKOWN) (If yet alve war or dates of service) i		7. INFORMANT	Address	
	Yes WW II 21	8-10-8055	Mrs. Zella B.	Adams, same as	2.abcd above
	18. CAUSE OF DEATH [Enter only one couse per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN
1 1				mplicated and	
ш				rolled chronic	
Н	conditions, if any, which gave rise to immediate (b) anx:	iety state.			Minutes
	couse (e), stating the DUE TO				
	underlying ceuse lest. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL (DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTDPSY PERFORMED? YES NO
CERTIF	2Da. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	DESCRIBE HOW INJURY OF	CCURRED. (Enter nature o	f injury in Part I or Part II of ite	om 18.)
CAL		NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While at work	MOI AAUTIE -	ctory, street, office bldg., e	etc.)	
-	21. I certify that I took charge of the rem		held an Autoosy .	inspection X, Inquiry	and in my opinion
	death resulted from: Natural causes 🔀	, Accident .	Suicide , Homici		nner 🗆
	00 0	, , , , , , , , , , , , , , , , , , , ,	CHIEF MEDICA		
	SIGNATURE CUVE	7	M.D. ASSISTANT ME	DICAL EXAMINER	12/28/67 PATE SIGNED
		t		CAL EXAMINER X	
	EXAMINER'S C. G. Rawley, M.	•D•	Address (Stree	t, city, town, or county) Cri	sfield, Md.
7 23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMET		23d. LOCATION (City, town	********
I	ourla1 12/2//0/	Sunnyridge		Crisfield	Md.
	FUNERAL DIRECTOR	ADDRESS			TRAR'S SIGNATURE
I	Levin R. Wilson, Prin	ncess Anne,	Md. DATE	000	1

1 4 6 b/Albara a Local 7 20 20 20 700

and the Parameter Control was more all the first the second The state of the s 215-12 1211/2 Ellis Ellis Topic Mayerichite Bromer Bressmann (hashernye-anne , 1 a. m. 2.

FOR STATE HEALTH DEPT.

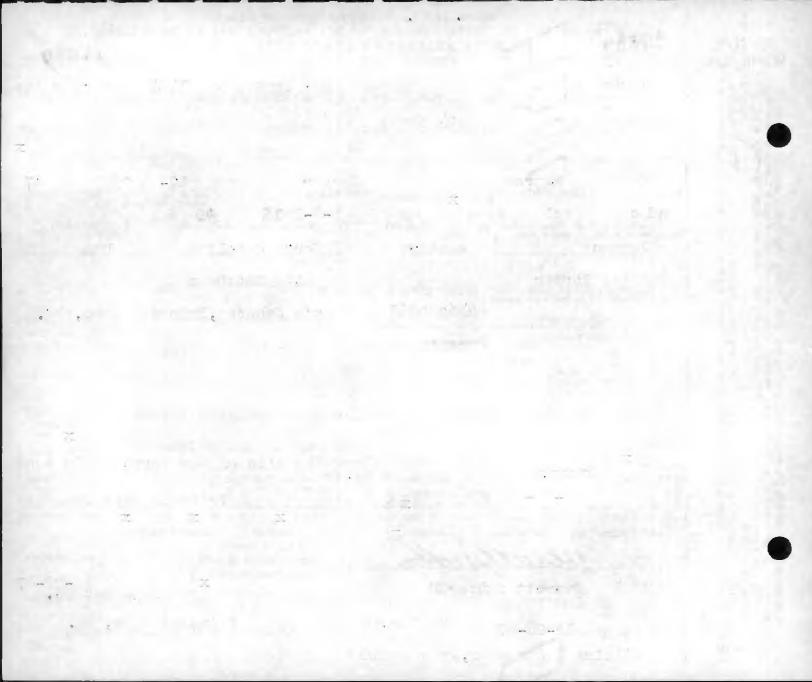
Depart O DEPUTY MEC EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute ... e. certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Fage retained for your files. TO DEPUTY MED please execute

after death to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State for Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours. E (8) VR ALSME 5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINEDIS OF DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	7 0 0 17	141	PDIOL	L LAMINITEL	0 1	CLKEIFIGATI	E UI	DE	4111		17	661	2	
1.	PLACE OF DEAT	Н				2. USUAL RESIDENCE	E (Whe	re deceased	lived, If Inc	stitution:	Residence	before as	mission)	
	Somer			Manuf thi	B	New Yor	- C	4 4	יייט לייי		+	26	A	
		N (if outside corpora	te limits,	MARYLAN 1 c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside	corporat	e limits, wi			d am	A VE	
			in)	21								1	. 7	
	Princes d. NAME OF HOS	S Anne	3N (If not In	hospital, giva street addre	(990	d. STREET ADDRESS					- 1	IS DES	IOENCE	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s and the street ender	Laaj	d. STREET ADDRESS						ON A F	ARM?	
-													NO JA	
3.	NAME OF DECEASED	~ -	rst	Middle		Lest		ATE F	Monti	h	Day	Yel		
	(Type or print)	Monro				arter	Ď	EATH	12-	25	5	19	67	
5,	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED] 8	. DATE OF BIRTH		9. AGI	(in years t birthday)	IF UNDER				
	mal e	col	WIDOWE	D DIVORCED		1-8-1918		40	VTS.	Montas	Days	Hours	Min.	
10	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (S	tate or	foreign c	ountry)	12. 0	ITIZEN	OF WHAT	-	
uu.	Forma		0)	Factory		North (Man.	olin		-	OUNTRY			
13	FATHER'S NAM			Tac out y		14. MOTHER'S MAID	EN NAM	NE OT THE	<u> </u>	1	USB			
	Chanlan	Carter				7734-4 1	of a de	4.1						
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO. I	17.	Etta I	Mat	thew	Addres	5.9				
(Y	es, no, or unkown)	(If yes give war or dates o	f service)					_						
_	Lan matter or	0 = 4 = 1		246260068 1	/-	Lizzie Joh	ms	on, P	rince	SS	nne		1	
		EATH WAS CAUSED BY		r line for (a), (b), and (c).]							ONS	RVAL BET	EATH	
	V2 10 00	IMMEDIATE CAUSE	(a) D	rowningnoun		n:					mi	nut	35	
	729.8	DUE	то											
	Conditions, if gave rise to		(b)								_			
	cause (a), si		TO											
	undarlying caus		(c)											
NO	PART II. OTHER S			BUTING TO CEATH BUT NOT	RELAT	TEO TO THE TERMINAL D	ISEASE	CONDITIO	N GIVEN IN	PART 1(a)	(a) 19. WAS AUTOPSY PERFORMED?			
CAT	4 =	8	cute	Alcoholism							YE		NO 🗌	
F	20a. EXTERNAL	L CAUSE WAS	20b.	OESCRIBE HOW INJURY O	OCCUI	RREO. (Enter natura of	Injury	In Part 1	or Pert II o	f Item 18	3.)			
CER	CAUSE OF DEAT	CONTRIBUTING [b	ody found a	lo	ng the sid	de e	of th	ne Pe	rryh	nawk	in r	coad	
MEDICAL CERTIFICATION	20c. TIME OF	INJURY Month, Day,	Year 20d	THURY OCCURRED 120e.	P CAC	E OF INJURY (Homa, fa	rm. 2	Of. (City			unty)		tate)	
O	Hour a.r			la Not While				2 Day 4 5	00000	Asia		omel	Id .	
Z	p.1			ork at work X 16 S	TP	OSTOILICE	KOIA	OTT. T	ncess	AIII			-	
			_	emains described above,			_	ection		iry 🗶		l in my	opinion	
3	death result	ed trom: Natural	causes	, Accident X,	Suic				etermined	manner				
	ACTUAL	710100	11/	1-1/1		CHIEF MEDICAL		-	_		22	DATE S	MENER	
	SIGNATURE	, voice	4	+ Maco		_M.D. ASSISTANT MED					44	DATES	MAINER	
	EXAMINER'S	Everett	· Cut	tamin		DEPUTY MEDIC		X]		1	2-2	7-67	
-	NAME (Type)				-	Address (Street			100	omer		Co		
238	REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEME		OR CREMATORY			ON (City, to	own or co	ounty)	(St	ate)	
	BUNEAR DIRE		67	Mt Carme	1			Prin		Anne		d		
24	TUNERAL DIRE	CTOR LL	V 1	AOORESS		25a. REC	CO BY	REGISTRA		EGISTRAF			0.00	
	Will	iam H Jam	es J	. PrincessAr	nne	OATE D	FC	291	967	Ville	relac	Jus	and .	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. STREET, BALTIMORE, MARYLAND 21201

DEATH UE

		CERTIFICATE	OI DEATH		1701					
I. PLACE OF DEATH o. COUNTY	Somerset		2. USUAL RESIDENCE (Where deceosed lived, if instituted by Court	ion: Residence bef	ore odmission)				
	(If outside corporate limits, and give nearest tawn)	c length of stay in 16 6 Days	c. CITY OR TOWN (If o	utside corporate limits, write RUI 1 sfield						
	or institution (if not in y Memorial F		d. STREET ADDRESS 216 My	rtle Street		e IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First Beul	Middle E	Moore	4. DATE Mont	5	1.				
s. sex Female			B Date of Birth 18 Dec. 21, 18	9. AGE (in yeors lost birthdoy) yrs.	Months Doys					
10a. USUAL OCCUPATION during most of working	DN (Give kind af work dane g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Retail Stores		& Stote, or foreign country) d. Maryland	12. CITIZEN COUNTRY U.S	13				
13. FATHER'S NAME	Algie T. N	loore	14. MOTHER'S MAIDEN							
15. WAS DECEASED ET (Yes, pg., or unknown	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO NO NO Address Address Miss Elizabeth Mackey, same as 2 abcd									
18. CAUSE OF PART I. DE	DEATH (Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line for (a), (b), and (c).)	lar		II C	NTERVAL BETWEEN DNSET AND DEATH				
Conditions, if on rise to immedia stating the und lost.	ote couse (a).	? Carceron	a fleo	ex						
Cz-	terrescle	RIBUTING TO DEATH BUT NOT RELATED TO	aleged			9. WAS AUTOPSY PERFORMED? YES NO				
200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	20o. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Fort I or Port II of item 18.) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
Hour'd	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) factory, street, office bidg., etc.)									
saw the	21. I certify that (I) (this haspital) attended the deceased fram the property of the saw the deceased alive an 12/5/67 19 , and that death accurred at 30 M, fram causes and an the date stated above									
\$.	220 SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED									
NAME (Typ	22c. PHYSICIANS NAME (Type) S. M. Peyton, M.D. 22d. ADDRESS NAME (Type) S. M. Peyton, M.D. Main St. Criscield. Ma.									
230. BURIAL, CREMAT REMOVAL (Speci	(v) Dec. 7.1	967 Crisfield C	emetery		Md.	1, , ,				
24. FUNERAL DIRECT	Bradshaw & S	ons Crisfield,	Md. 250. REC		Clarle					

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal Page 4 may be retained by the hospital or attending physician. hours aft TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72th

VR A15 (4) 25M 1/67

27357 1987 - Male - 1891 - guardo de la compensa date of A lander of the case of the ca est anish 100. 11, 150 m A contract grant and posses of the late the a party of the Art and the art. Add the contract and editorio fell of letter the profession of the contract THE AND THE PROPERTY OF THE PR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4. DATE

DEATH

17662

e. IS RESIDENCE ON A FARM?

NO P

67

IF UNDER 24 HRS

b. COUNTYACCOMAC

IF UNDER

YEAR

Month

December

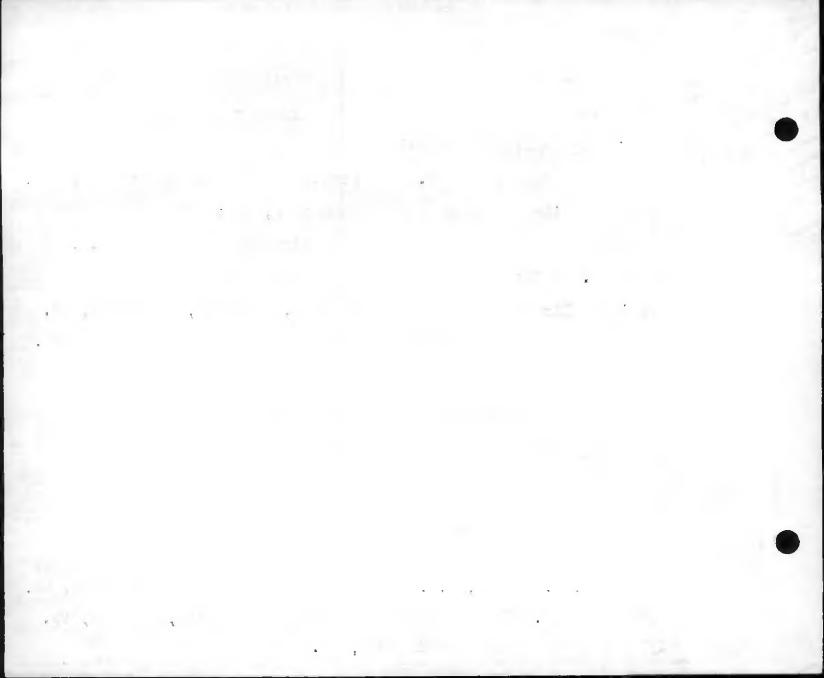
9. AGE (In years losty inthdoy) Manths Haurs August 3, 1895 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COMMISSS Virginia 14. MOTHÉR'S MAIDEN NAME Evelvn Evans Address Edward G. Crockett, Crisfield, Md. INTERVAL BETWEEN ANSEL AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/22/67 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Rawley, M.D. Crisfield, Md. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, DATE THEREOF (County) 12,23/67 Bu PENONA (Specify) Family Cemetery Accomac Tangier, 255. REGISTRAR'S SIGNALURE 24 FUNERAL DIRECTOR Crisfield, Md.

VR A15ME (5) 6M 1766

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Health may



RIA		TEM LOD ILLM + MO MARYLAND STATE DEPARTMENT OF HEALTH
	_	Item#6 Film # 396 12/29/67 km
FOR STATE		
HEALTH DEPT.	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, first tution Residence before admission) o. STATE b. COUNTY
d 3 to d 3 to . Page	L	JOHETSE! MARYLAND MILESE!
delay and 3 M3. Pag ment		b CITY OR TOWN (f outside corporate him ts write RJRAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (f outside corporate m ts, write RJRAL and give nearest town)
	-	d NAME OF HOSPITAL OR INSTITUTION (If not inchaspital, give street oddress) d STREET ADDRESS ### 15 FC
ges 1.		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e S RESIDENCE ON A FARM? YES NO
E 5 7 6	3	NAME OF First Middle Lost 4 DATE Month Doy Year
ofter death 8 Give Page alang with f with the State		DECEASED (Type or pnnt) Preston Scarborough DEATH 12 13 1967
		SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED B. DATE OF BIRTH 9 AGE (n. years FUNDER 1 YEAR IF UNDER 24 HRS
		Male Negro W DOWED DIVORCED DEC. 10, 1898 77 Y'S
haurs Item 1 Office I and 2 event		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
thin 24 noted in miner's pages I		FATHER S NAME 14 MOTHER'S MAIDEN NAME
within pencil xamine ile page	15	Richard Sony barrant Rith Tracken
d with the Frank File and	5	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
ate shauld be executed within 24 the ward 'pending" in penal in id to the Chief Medical Examiner's a bund transit permit. File pages cremation, ar remaval, and in any	(Y	18, no, or unknown) (If yes give wor or dotes of service) 217-1482-00A GEORGE SCAR DOROUGH (Cris Field
exe end Mer t pe remo	F	IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART I DEATH WAS CAUSED BY: ONSET AND DEATH
ld be e rd per Chief / transit transit		IMMEDIATE CAUSE (0) VATURAL CAUSES KHOKK
shauld he ward to the C burial tr		Conditions, if any, which gove) Oh Acute My cardial Infarction
e shauld the wars to the (bursal t		rise to immediate couse (a),
finate ing the ded as a as a l, cre		stoting the underlying cause (c)
is certificate should e, writing the ward forwarded to the Clean as a burial transform a burial, cremation,	2	PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)
N 9,00	CATIO	PERFORMED? YES \(\sqrt{N} \) NO \(\sqrt{N} \)
	CERT FICATION	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B)
INER: The certifice certifice should be files. 3 should and, prior		CAUSE OF DEATH. 20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or town) (County) (State)
execute the certification. Page 4 shauld or. Page 3 shauld of for your files.	MEDICAL	Hate om 19 She hat Whe stwork of work
EX. Page		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinio
exe or. I d fo		death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined monner
MECTON Etained DIRECT S des gr		ACTUAL CHIEF MEDICAL EXAMINER
Y ME y plea al dire retail to DIR		SIGNATURE AND ASS STANT MEDICAL EXAMINER L
necessary, please exects the funeral director. Page 5 may be retained for 0 FUNERAL DIRECTOR: Health at its designate.		EXAMINER'S NAME (Type) A.V. BARK DEPUTY MEDICAL EXAMINER Address (Street city, town, or county)
5 + 2 E	230	BUR AL, CREMATION, 236 DATE THEREOF, 230 NAME OF CEMSTERY, OR CREMATORY 23d LOCATION (City or Town), (County) (Stote)
(2)	24	FUNERAL DIRECTOR ADDRESS 250 RECTO BY REGISTRAR 256 REGISTRAR 5 S.GNATURE
VR A15ME (5)		Thattay E. Was Crispale Mas DATEDEC 26 1967 Schooley Judge
	-	



2, and 3 to PM3. Page delay is

Department of depth. ofter (in any event within 72 hours pages 1 and 2 with the State pup E burial-tronsit permit. Health or its designated agent, prior ta burial, cremation, or removal 0 0.5 FUNERAL DIRECTOR: Poge 3 should be used 5 may be retoined far your files.

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VR A15MB (5)

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, " the funeral dimetor. Bage 4 should be farworded to the Clief Medical Examiner's Office along with form

This certificate should

TO DEPUTY MEDICAL EXAMINER:

be executed within 24 hours after death

	. G a		MED	ICAL EXAMINI	C 7	CERTIFICATE (JE DEAT	R	.8. 4	0.0	4	
	I. PLACE OF DEATH					2 USUAL RESIDENCE	(Where decease			ce before	odm issio	in)
	o. COUNTY	Somerse	t	MARYL	AND	o STATE Man	ryland	b. Coun	TY ¢	Some	rse	ť
	b CITY OR TOWN	(If outside corporate I mi	ts,	C LENGTH OF STAY IN	b	c CIY OR TOWN (If o	utside corporati	e limits write RUR	AL and g ve	neorest	town)	
	(Rural	"Cristle	ld	Lifetime	3	(Rura)	1) Cr	isfield	d			1
	d NAME OF HOSP	TAL OR INSTITUTION (If n	ot in hospital, a	give street oddress)		d STREET ADDRESS				£	IS RESID	
	Rt. 1.	Lawsonia				Rt. 1.	Lawso	nia		Y		NO X
	3. NAME OF DECEASED		rst	M dd e		rost	4 DATE OF	Mont		Doy	Yeo	
	(Type or pant)	TORRE	NCE			rerling .	DEATH	Dec	-	9	19	67
	S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	FOFT	B DATE OF BIRTH		AGE (n years lost birthdoy)	F UNDER 1	Days Days	Hours	24 HRS
	Male	Negro	WIDOWED	DIVORCED			1967	yrs	Months 2	7		1
	turing most of working	N (Give kind of work done Life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Stote		ntry)		IZEN OF I		
	during most of working	None				Maryla					US	A
	13 FATHER'S NAME	** *				14. MOTHER'S MAIDEN		2.4				
		Unknown			T :		Lie St	erling				
	(Yes, no or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECUR TY NO		NFORMANT	. 7.2	Addre		6 :	· .5	Ma
				None	الل	acille St	erling	, Ht.	I, Gr			
		EATH (Enter only one could WAS CAUSED BY:			T	. 49			\		VAL BETT	
	3	IMMEDIATE CAUSE	(o) Gr1	death (/lra	al pneumo	nitis,	acute	- }	HY	SHODD	
	Cardistana II aas	DUE	TO									
	Conditions, if ony rise to immedia	fo course (o)	(b)		_							
	stoting the unde	rilying couse DUE										
	lost.	,	(c)	CO DELT. DUT HOT DELT	TD 70 7	TO MENT DIVERSE CO	IID Y DO DUTO	MI BART IV I		10.1	VAS AUTO	NOCY.
5	NAKI II OIHEK 3	GNIFICANT CONDITIONS	.UMIKIBUIING I	TO DEATH BUT NOT RELAT	EU IU I	HE TERMINAL DISEASE CO	IND I ON GIVEN	IN PAKI (0)		P	ERFORME	ED?
1	200 EXTERNAL CO	A SE WAS	20h DE	SCRIBE HOW INJURY OCC	DDED	Enter nature of number of	Dark Las Dark	1 of to- 101		YES		NO _
	200 EXTERNAL CO		200 05	DEKIDE HONY INTOKE OCC	OKKIU	feurer dozne or ulnik ti	POHITOTPOH	or reminaj				
	S 20r TIME OF IN	URY Month, Day Year	203 16	NJURY OCCURRED 2	Pro PLA	CE OF INJURY (Hame, for	m 20f	(City or town)	f(n)	/nty)	(1	Stote)
	원 Hour o.	m.	While of world	Not While		ory, street, office bldg., etc		(0. 0)	1200		(.	,,
	21 cortid	12 %		nains described abo	vo ho	ld on Autonsy	Inchaetia	n Se Ingu	irv 🗀	and	D. Paris	
	death resul	-		7. Accident 7.		ide , Homicide		determined me			n my	тр п о
	Gearn resor	red from. Notor	or conses [_	J, Accident [_],	Jule	CHIEF MEDICAL	Normal F		Attitle!	ì		
	ACTUAL SIGNATURE	(194	Ra	wen			DICAL EXAMINE			22	. DATE	SIGNED
	EXAMINER'S			7		ni.v	AL EXAMINER		4	12/1	.2/6	7
I	NAME (Type)	C. G.		7		Address (Stree	et, city, town, o		isfi	eld,	Md	
	230 BURIAL, CREMATI)		23c NAME OF CEMETI		*		ATION (City or Tox		(County)		ote)
	Burial Specific	12/12	/67	Asbury	Cem			risfiel	d S	om.	IV.	ld.
	24 FUNERAL DIRECTO			ADDRESS	1.0		D BY REGISTRA		SISTBARS SI	CHATURE	with	C.
1	Anthony	E. Ward	(Crisfield	, M	a. DATE U	EC 20	196/ /		0	0	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

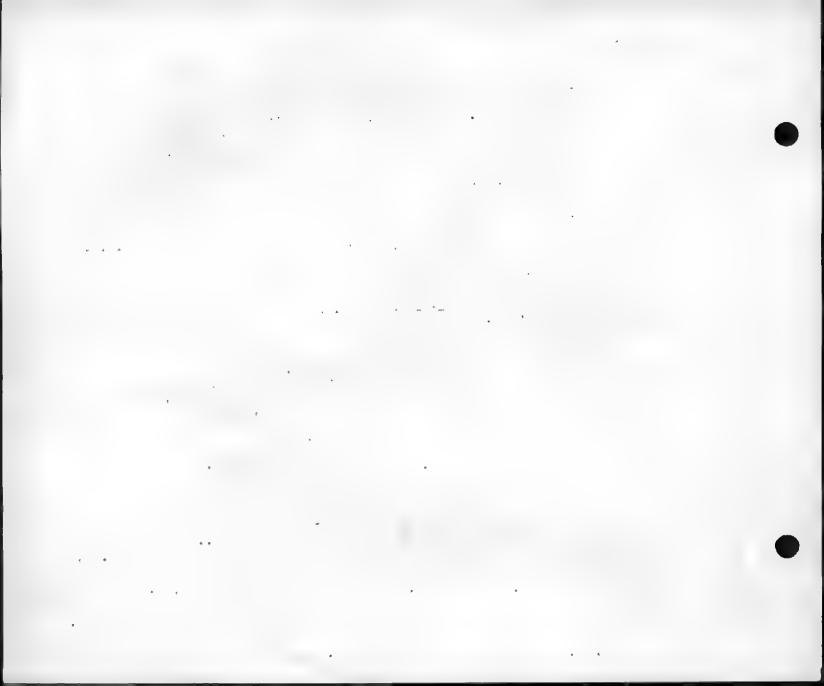
burs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law majures that the Beath certificate Be executed within 24 hours at Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbafe, shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, we

VR A15 (4)

% _≈ 1	1.7			CERTIFI	CAIL	OF DEATH			A 4 0	ול סינ	
1. PLACE OF D						2. USUAL RESIDENCE (V	Vhere deceosed	l lived, if institu		te before odmiss	ion)
o. coomit	Son	nerset		MARYLI	AND	Maryl Maryl	and	D. COU	Somer	:set	
b CITY DR	TDWN (If outside	le corporate mit	s,	c LENGTH DF STAY IN	16	C CITY DR TOWN (IF OL				neorest town)	
Wille Ko	KAL ONG AWE T	egraci toweni	th I.	20 year	8	Ewell	, Smit	h Islan	d		,
d NAME DE	HOSPITAL DR	NSTITUTION (If n	ot in hospitol, g	give street address)		d STREET ADDRESS	0.1	Box	66	e 3 RES On A YES	FARM?
3. NAME OF		Fı	rst	Middle		Lost	4 DATE	Mon	th .	Doy Y	(ear
(Type or pri	nt}	BUR	LEIGH	HAROLD		TAYLOR	OF DEATH	Decemb	er 1	15 19	67
S. SEX		LOR OR RACE	7 MARRIED	NEVER MARRIED		8 DATE OF BIRTH		AGE (In years	IF JNDER 1	YEAR IF UND	ER 24 HRS.
Male	W	hite	WIDOWED	DIVORCED		May 21, 1896		lost pirthdoy)	Months	Doys Hours	Min
		and of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	& State, or fore	ign country)		IZEN OF WHAT	
Carp	working life, eve en ter	n it retired)	Buil	ding & Rep	airs	Guilford,	Virgi	nia	U.S.	MIKE?	
13. FATHER'S	NAME					14 MOTHER'S MAIDEN I	NAME				
		Henry T	homas I	laylor		unknow	n				
15 WAS DECE	SED EVER IN U.S	ARMED FORCES?	of conuce) 16	SOCIAL SECURITY NO		NFORMANT		Addr			
YES		VI A	23	30-18-0982	Mrs	. Winnie Ta	ylor,	same as	2 abc	d	
IB. CAUS	E OF DEATH (E	nter only one cou	use per une for	(o), (b), and (c).)						INTERVAL BE	
PAK	i i. Death was I	MMEDIATE CAUSE	(o) He	eart Failur	•					One Ho	our
4	titions, if ony, which gove to immediate couse (a). DUE TO Coronary Artery Disease, severe Ten Years To Years										
	s, if any, which		(b)		11 11 11	JISORSO, SOV	ere			len le	Bars
	oring the underlying course (ars	
PART II C	THER SIGNIFICA	NT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE CO	DITION GIVEN	IN PART I(o)		19 WAS AU PERFOR	TOPSY
Uppe	r respi	ratory	disease	, moderate	lv :	severe				YES	NO 📑
200 ACCIE	ENT WAS JNDER	LYING 🗆	205 DE	SCRIBE HOW INJURY OCC	JRRED	(Enter noture of injury in	Port I or Port I	ll of item 18)			
OK CUNTER	IBUTING (□ CAU NOTIFY MEDICA		lo Accid	ient. Patie	nt c	ited in his	sleep.				
Uppe 200 ACCIL OR CONTR (IF EITHER 200 TIME	OF INJURY Mo	nth, Day, Year Vone		NOTE OF WORK	Oe PLA	CE OF INJURY (Home, form ory, North office bldg , etc.)		(City or town) acciden	(COJ t	nty)	(Stote)
21.	certify the	t (I) (最佳基础	stifeli atteni	ded the deceased f	rom	July /	9.62_, ta	Decembe	r_1596	27, that (I)	(## las
saw	the decease	a aleve an	Acembe:	- 14 1967 , ar	nd tha	t death accurred at	1:30 M.	fram causes	and an th	ne date state	ed abave
22o, SIG	220. SIGNATURE ATTENDING ATTENDING MED DIRECTOR DIR										7
22c. PHY	SICILIES			1)		22d. ADDRESS					
_ NAJ	vr (LAbe), []	omas C.	Gentry	, M. D.		Ewell,	Maryl.	and, P.	O.Box	11 218	324
230 BURIAL, C		23b. DATE TH	EREOF	23c NAME OF CEMET	ERY OR	CREMATORY		ATION (City or To			(Stote)
REMOVAL	(Specify)	Dec.19	,1967	Ewell Met	hod:	st Cemetery	Ewe	11, Som	erset,	Md.	
24 FUNERAL				ADDRESS		2So RECT	BY REGISTRA		EGISTRAR'S SI		
L	evin R.	Wilson	- Some	rset County	y, 1	1d. DATE	21 18	967 🏸	it do man a	y mag	Z



MI

NAME OF CEMETERY OR CREMATORY

John Wesley

23c.

Everett Sutter

23b. DATE THEREOF

12 - 7 - 67

director. retained ğ 0 VR ALSME 5M

NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

William H

Burial
TUNERAL DIRECTOR

Princess 255. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR James Jr. Princess Anne. Md. DATE OFC

23d. LOCATION (City, town or county)

Address (Street, city, town, or county)

a. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

vears

19. WAS AUTOPSY

YES

sot

PERFORMED? NO TA

and in my opinion

22. DATE SIGNED

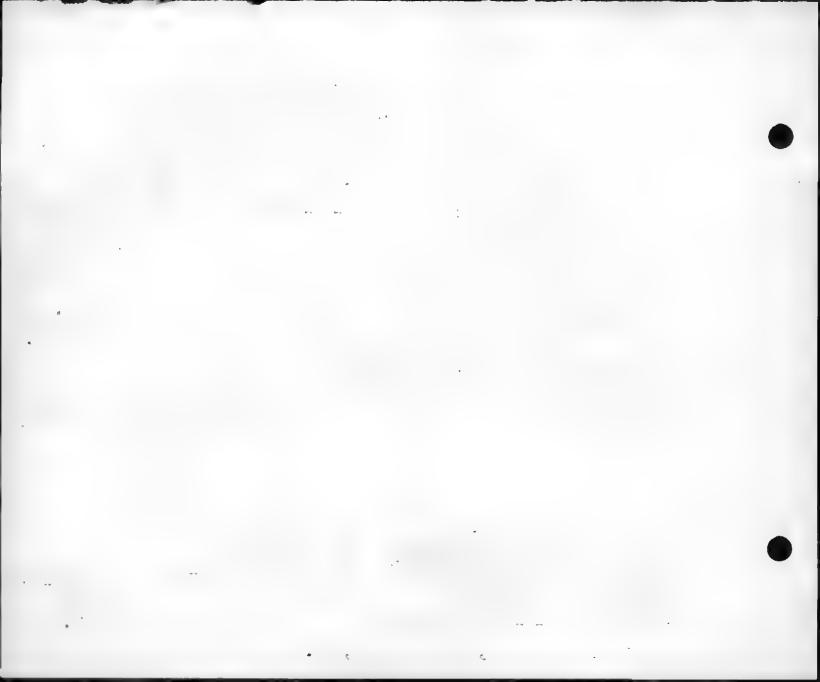
(State)

min.

67

Day

COUNTRY?

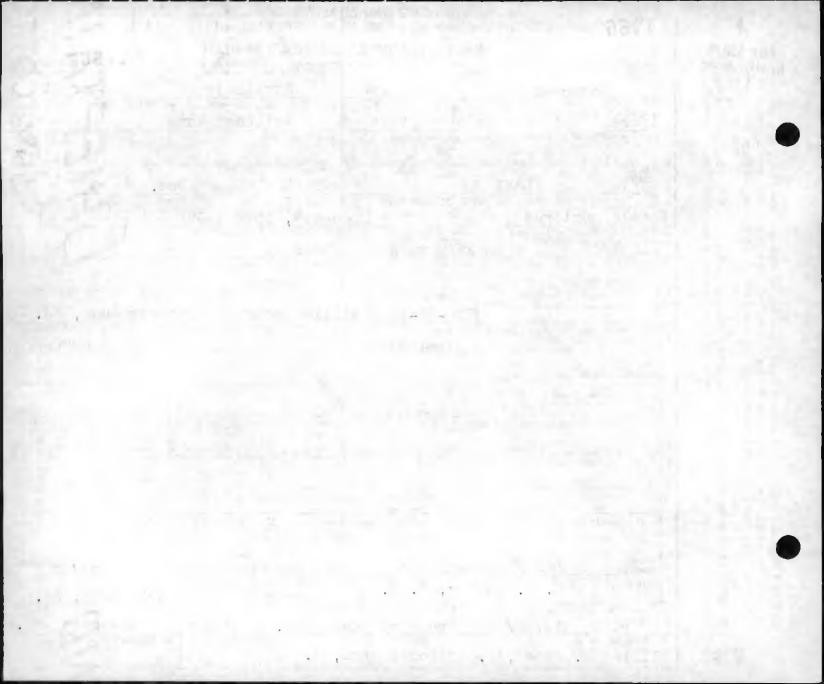


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MARYLAND STATE DEPARTMENT OF HEALTH

1766 ODivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		MEDICAL EXAMINER'S	S CERTIFICATE O	OF DEATH	17667					
1. PLACE OF DEAT	Н			Where deceased lived, if institution						
a. COUNTY	Somerset	MARYLAND	o. STATE Mary	land b. COUNT	Somerset					
b. CITY OR TOWN	N (If outside carparate limits,	c. LENGTH OF STAY IN 1b		utside corporate limits, write RURA						
(Rura)	and give nearest town) Princess Ar	nne 4 years	Prir	cess Anne	19-1					
	PITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS		e. IS RESIDENCE					
					ON A FARM? YES NO 2					
3. NAME OF DECEASION	First	Middle	Last	4. DATE Month						
(Type ar print)	LOVE		WELLS	DEATH DEC.	23 19 67					
S. SEX	6. COLOR OR RACE 7. MA	RRIED 🔭 NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Manths Doys Haurs Min.					
Female	Colored WID	OWED DIVORCED	June 4, 19	28 39 birthday)	months Doys nours Min.					
Oa. USUAL OCCUPAT	ION (Give kind of work dane	10b. KIND OF BUSINESS OR	F1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT					
Labor	ing life, even if retired)	Farm work	Georgia		COUNTRY? USA					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
IInk	nown		Unknow	m						
	EVER IN U.S. ARMED FORCES?	T 16. SOCIAL SECURITY NO. T 17.	INFORMANT	Addres	,					
	n) (If yes give war or dates of service									
			Villie Roge	ers frinces	s Anne, Md.					
	1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:									
3223	DIMPONATE CARRE (a)	Alcoholism			unknown					
	000 10									
	ony, which gove) (b)									
	liate cause (a), DUE TO									
lost.	(c)									
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
5				* * * * * * * * * * * * * * * * * * * *	PERFORMED? YES X NO					
20o. EXTERNAL	CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of innury in	Port I or Part II of item 18)	123 [X] 110 [
PRIMARY Or	CONTRIBUTING	MD. DESCRIBE HOW INDON'T OCCURRED	o. (tines nature at injury in	ron tot ran it at nem 16.)						
20c. TIME OF I	INJURY Month, Day, Year		LACE OF INJURY (Home, far actory, street, affice bldg., etc		(County) (State)					
W	p.m. 19	at work at work	stion, since, arrive eleg., etc	7						
21. I cer	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion									
	sulted from: Notural cous		sicide . Homicide							
000111100		, Accident ,	CHIEF MEDICAL		Hittor Far					
ACTUAL	nen	wen.		DICAL EXAMINER	22. DATE SIGNED					
SIGNATURE	0	meg	Ni. D.	AL EXAMINER	12/29/67 SIGNET					
EXAMINER'S NAME (Type)	C. G. Rai	wley, M. D.		it, city, town, or county) Cri	ofield Ma					
23a. BURIAL, CREMA	ATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or Tow						
REMOVAL (Spe	36.)									
		House of Ja		Chance						
24. FUNERAL DIREC		ADDRESS			ISTRAR'S SIGNATURE					
William	n H. James, Jr	. Princess Ann	ie, Md. DATE A	N 2 1968	0					



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

G	OOO MEDI	CAL EXAMINER'S	CERTIFICAT	E OF DEATH	1 14 8	000
1.	PLACE OF DEATH a. COUNTY Somerset	**************************************	a, STATE	CE (Where deceased lived, If Ir	INTY	e before admission
-	b. CITY OR TOWN (if outside corporate limit	MARYLANO ts, c. LENGTH DF STAY IN 1b		7land S foutside corporate limits, w	omerset	(ve nearest town)
	write RURAL and give nearest town)	life	Daws	A		10-1
	d. NAME OF HOSPITAL OR INSTITUTION (IF IN	ot in hospital, give street eddress)	d. STREET ADDRESS	Quarter		e. IS RESIDENCE
						ON A FARM?
3.	NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day	Year
	(Type or print) Oscar		Wilson	DEATH De		1967
5.	SEX 6. COLDE DE RACE 7. MA	RRIEO TNEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days	Hours Min.
		OOWED TO DIVDROED	10-18-188	79 утв.		
1De	B. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN COUNTR	DF WHAT
	Retired		Maryla		USA	
13	. FATHER'S NAME		14. MOTHER'S MAI			
	Frank Wilson			Wesley		
15 (Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) \(() () fyes give war or dates of service	16. SDCIAL SECURITY ND. 17.	INFORMANT	Addr	988	
	W-I		Major	Wilson Dame	s Quart	er. Md
	18. CAUSE DF DEATH [Enter only one cause	e per line for (a), (b), end (c).]			INT	ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Asphyxiation			m	inutes
	7/60 DUE TD					
	Conditions, if any, which any, which any conditions, if any, which are to immediate (b)					
	cause (e), stating the DUE TD					
-	underlying cause last.) (c)					MAD A CENTRAL
CATION	PART II. OTHER SIGNIFICANT CONOITIONS CO.	NTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL	DISEASE CONDITION GIVEN II		WAS AUTOPSY PERFORMEO? ES NO X
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY [Nor CONTRIBUTING [] CAUSE OF DEATH.	house burned		f injury In Part I or Part II	of item 18.)	
CAL	20c. TIME DF INJURY Month, Day, Year	2Dd. INJURY DCCURRED 20e. PLA	CE DF INJURY (Home, f	arm, 2Df. (City or town)	(County)	(State)
EDI	Hour e.m.		ry, street, office bldg., (10110		Somerse uarter	t Md.
Σ	21. certify that took charge pf th					d in my opinior
	death resulted from: Natural cause		icide . Homic			,
	dediti resulted and the total section of the total	, looident La,	CHIEF MEOICA			
	ACTUAL SIGNATURE	fullan	M.D.	DICAL EXAMINER	23	2. DATE SIGNED
	EXAMINERS Everett Sut	tterMD		cal examiner 1		12-6-7
23:	a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETER	DR CREMATORY	23d. LOCATION (City,		(State)
2/	Burial 12-10-67	Macedonia	i -25a. RE	Dames Quar	ter, Mo	NATURE
24		^ m e A		wi incurrent good (
_	William H James J	r, Frincess Ann	e, Md DATE	FC 1 1 1967	not contact	Justigle

July -

